



Reporting Period:  
Calendar Year 2002

# Profile of Chronic Conditions in Medicaid Managed Care

The Department of Health and Family Services works closely with participating health maintenance organizations (HMOs) to assure that necessary services are provided to enrollees. Monitoring the level of services delivered by each HMO provides the Division of Health Care Financing with an estimate of enrollee access to needed services, and provides the HMOs with information that permits targeting of resources to reach population(s) that may not have optimal service utilization. This health profile is one component of the overall monitoring system.

Certain adverse outcomes associated with chronic conditions can be prevented with appropriate medical care and patient compliance. For this reason, this Profile of Chronic Conditions highlights the ambulatory management of diabetes and the management of asthma in Medicaid managed care.

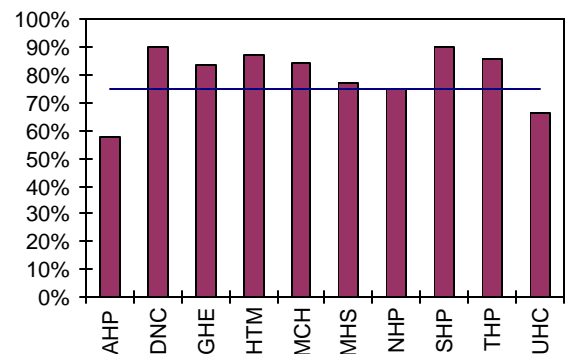
To generate the data in this health profile, Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)<sup>1</sup> performance measures were applied to HMO-submitted encounter data and other Division sources such as Medicaid eligibility data and fee-for-service claims data. In the charts that follow, the 13 participating Medicaid HMOs are represented by a three letter abbreviation. A key containing the HMO abbreviations and names is located on page 2.

## Ambulatory Management of Diabetes

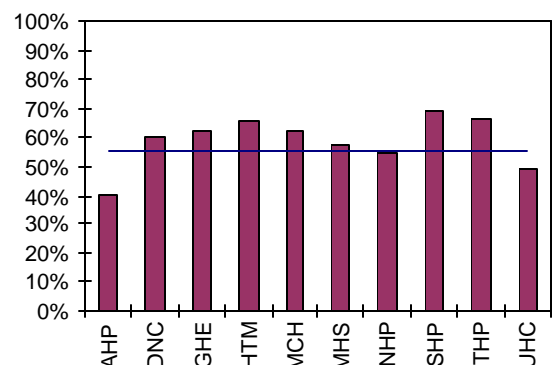
Many adverse outcomes related to diabetes (such as retinopathy, neuropathy and nephropathy) can be prevented, or at least delayed by an aggressive program of preventive care, prompt identification of problems, early intervention and treatment.<sup>2</sup> The Wisconsin Medicaid program collaborates with HMOs to identify enrollees who may need additional services to improve health care outcomes related to diabetes.

As part of their overall framework for the prevention of diabetic complications, the Wisconsin Diabetes Advisory Group recommends an HbA1c test every 3 to 6 months and a lipid profile yearly.<sup>3</sup> Chart 1 compares the HMO's percentage of 18-75 year old enrollees with diabetes who received at least one HbA1c test during calendar year (CY) 2002. The mean percentage for all HMOs is 74.8% (compares to 70.7% in state fiscal year (SFY) 2001). Chart 2 compares the HMO's percentage of 18-75 year old enrollees with diabetes who received at least one lipid profile during CY 2002. The mean percentage for all HMOs is 55.5% (compares to 45.7% in SFY 2001). Three of thirteen participating HMOs had less than 30 enrollees meeting the MEDDIC-MS denominator criteria for these measures; their individual results are not displayed.

**Chart 1: Percent of Enrollees with Diabetes with HbA1c Test (CY 2002)**



**Chart 2: Percent of Enrollees with Diabetes with Lipid Profile (CY 2002)**



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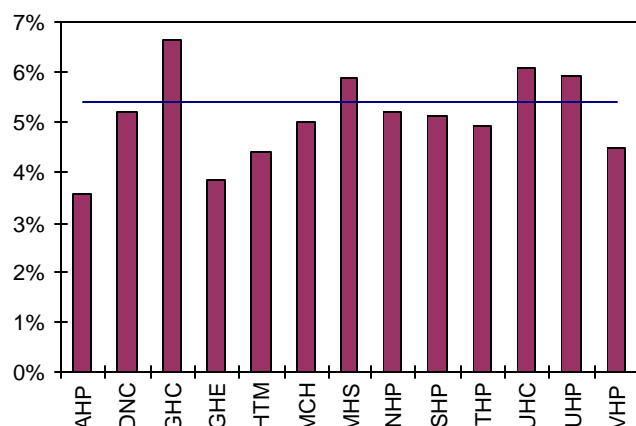
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Published March 2004

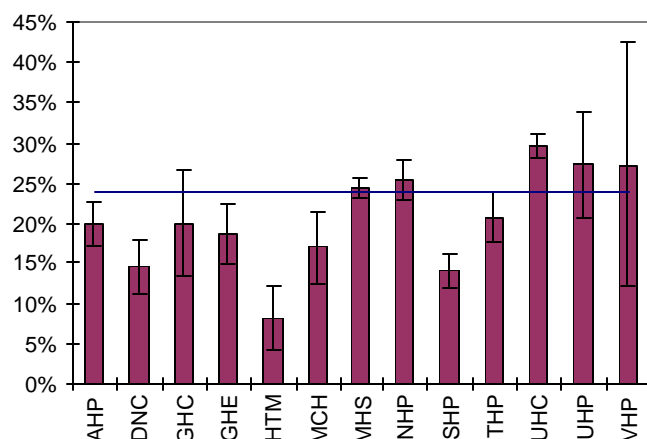
<sup>1</sup> The MEDDIC-MS measure specifications are available from the Bureau of Managed Health Care Programs in the Division of Health Care Financing.

<sup>2, 3</sup> Essential Diabetes Mellitus Care Guidelines. The Wisconsin Diabetes Advisory Group. April 2001.

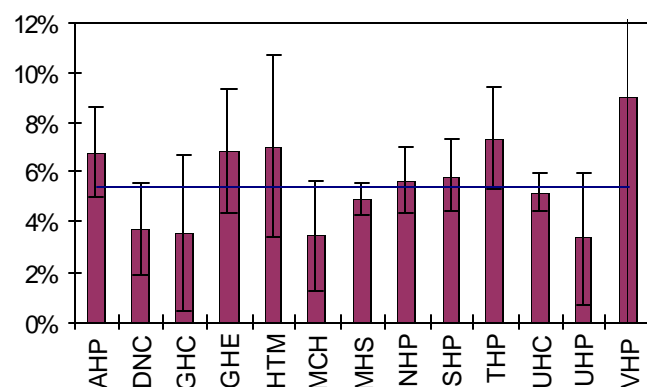
**Chart 3: Percent of Enrollees with Asthma (CY 2002)**



**Chart 4: Percent of Enrollees with Asthma with Emergency Department Visit (CY 2002)**



**Chart 5: Percent of Enrollees with Asthma with Inpatient Hospital Stay (CY 2002)**



## Asthma

Asthma is a disease of high prevalence and morbidity, with a low but persistent rate of mortality. In the United States, the prevalence of asthma and associated death rates have risen by almost fifty percent over the past decade.<sup>4</sup> While many of the consequences of asthma can be reduced by adequate treatment, the management of asthma is a difficult problem. Despite effective therapy, many patients have persistent symptoms. Asthma is a chronic illness that affects many children and adults in the Medicaid program.

Nationally published data indicate that asthma prevalence in Wisconsin adults (age  $\geq 18$ ) is 7.7%<sup>5</sup>. The 7.7% rate represents results from a self-reported survey that is not Medicaid-specific. Chart 3 compares the percent of Medicaid HMO enrollees (all ages) with asthma, by HMO for CY 2002. The horizontal line indicates the all-HMO rate of 5.4%. The asthma prevalence rate for children aged 0-20 (5.7%) is higher than the rate for adults aged 21+ (4.8%).

Excessive use of the emergency room or inpatient hospital for asthma care may indicate inadequate access to primary care, sub-optimal care or poor patient compliance. Charts 4 and 5 display the rates of emergency department and inpatient hospital utilization of enrollees with asthma.

Chart 4 shows the percent of enrollees with asthma (all ages) that had one or more emergency department visits in CY 2002, by HMO. The horizontal line indicates the all-HMO rate of 24.0% (compares to 26.2% in SFY 2001). The error bars on Chart 5 indicate that many HMOs (AHP, DNC, GHE, HTM, MCH, SHP) have rates significantly below the all-HMO rate. Only one HMO (UHC) has a rate that is statistically higher than the all-HMO rate. The all-HMO rate for children aged 0-20 (23.6%) is slightly lower than the rate for adults aged 21+ (25.1%).

Chart 5 shows the percent of enrollees with asthma (all ages) that had one or more inpatient hospital stays in CY 2002, by HMO. The horizontal line indicates the all-HMO rate of 5.4% (compares to 7.3% in SFY 2001). Although there appears to be variation among the HMOs, the error bars show that none of the HMO-specific rates are statistically different from the all-HMO rate. In addition, the rates do not differ significantly between children aged 0-20 and adults aged 21+.

Across all HMOs, utilization of the emergency department and inpatient hospital by enrollees with asthma declined from SFY 2001 to CY 2002.

## HMO Abbreviations and Names

|                                  |                            |
|----------------------------------|----------------------------|
| AHP—Atrium Health Plan           | NHP—Network Health Plan    |
| DNC—Dean Health Plan             | SHP—Security Health Plan   |
| GHC—Group Health South Central   | THP—Touchpoint Health Plan |
| GHE—Group Health Eau Claire      | UHC—UnitedHealthcare       |
| HTM—Health Tradition Health Plan | UHP—Unity Health Insurance |
| MCH—MercyCare Insurance          | VHP—Valley Health Plan     |
| MHS—Managed Health Services      |                            |

4 CJHomer. Asthma Disease Management. NEJM 1997;337(20):1461-1463.

5 Self-Reported Asthma Prevalence Among Adults—United States, 2000. CDC MMWR Weekly 2001;50(32):682-6.